FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	1. Person Making the Disbursements/Obligations					
	(a) Name					
COOK INCET SPOKTFISHING CAUCUS						
(b) Address (number and street)			2. FEC Identification Number			
			C			
	ANCHORAGE ALA	SKA 99502				
	(d) Name of Employer or Principal Place of Business	(e) Occ	cupation			
	New		300 200 300 50			
3.	Is This Statement or	4. Covering Period	10 29 2010			
	Ç.		11 01 2016			
	Amended		11 01 2010			
5.	(a) Date of Public Distribution(s) 10 3	2010 (b) Communic	ation Title <u>SPORTFISHERS</u>			
6.	The filer is a(n): (a) Individual (b) Uninc	corporated Organization (c) Qua	alified Nonprofit Corporation (11 CFR 114.10)			
	(d) Corporation, Labor Organization or Qua	litied Nonprofit Corporation making c	communications under 11 CFR 114.15			
	·	mod (tonprome estperanem manning e				
	(e) Other, specify:					
	 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? 8. Custodian of Records (a) Name (b) A 13 A 14 A 15 A 15 A 15 A 15 A 15 A 15 A 15					
(a) Name PAIL CUTLER (b) Address (number and street) (c) City. State and ZIP Code ANCITORAGE AR 94502 (d) Name of Employer or Principal Place of Business (e) Occupation						
	6622 LAKE	NAY DR				
	(c) City, State and ZIP Code	1 0				
	ANCITORAGE	AR 793	02			
	(d) Name of Employer or Principal Place of Business	(e) Occ	cupation .			
9.	Total Donations This Statement		24,99031			
10.	Total Disbursements/Obligations This Sta	tement	24,99031			
	Under penalty of perjury, I certify that this statemen	it is true, correct and complete.				
	TYPE OR PRINT NAME OF PERSON COMPLETING F	ORM JAIJUO (5tler			
	SIGNATURE TILLER CONTROL	DATE	10 [31/18			
	NOTE: Submission of false, errorfeous or incomplate information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.					

FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

PAGE 2 OF 4

Per	son(s) Sharing/Exercising Control
A.	(a) Name PHIL CUTLER
	(b) Address (number and street) 6622 LAKEUAU PR
	(c) City, State and ZIP Code HN LHORAGE AL 99502 (d) Name of Employer or Principal Place of Business (e) Occupation
	(d) Name of Employer or Principal Place of Business (e) Occupation A CCOUNTANT SHAW
В.	BRUCE KNOWLES
	(b) Address (number and street)
	(c) City, State and ZIP Code (d) Name of Employer or Principal Place of Business (e) Occupation
	0 .
C.	(a) Name BOB FENNEY (b) Address (number and street) 3620 Fundand Fundand (c) City, State and ZIP Code ANCAOR ACE AK 99501 (d) Name of Employer or Principal Place of Business* (e) Occupation
	(b) Address (number and street) 3620 Panland Parkway
	(c) City, State and ZIP Code ANCAOR AGE, AK 99501
	(d) Name of Employer or Principal Place of Business ² (e) Occupation SELF
D.	(a) Name
	(b) Address (number and street)
	(c) Cily, State and ZIP Code
	(d) Name of Employer or Principal Place of Business (e) Occupation
Ε.	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business (e) Occupation

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	\Box		1 1
PAGE)	OF	زِ
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	tion(a) neceived			
A	. Full Name of Donor	\		Date of Receipt
	Bob t	ENNEY		10 29 2010
	Mailing Address of Donor	•	i	
	3620	Penland State	PKWY	Amount
	City	State	Zip '	24,990,31
	ANCHOR	AGE, AK	99501	
В	. Full Name of Donor			Date of Receipt
				and the second of the second of the second
	Mailing Address of Donor			A
İ				Amount
	City	State	Zip	i i i
C	, Full Name of Donor		!	Date of Receipt
				and the second second second second
Ì	Mailing Address of Donor			Amount
				Airloght
	City	State	Zip	
				
D	Full Name of Donor			Date of Receipt
	14 T			
	Mailing Address of Donor			Amount
	City	Di-Ao	Zip	
	City	State	219	,
E .	Full Name of Donor			Date of Receipt
	And Constitution of December 1			
	Mailing Address of Donor			Amount
	City	State	Zip	
	Oily	Otale	2.0	* · · · · · · · · · · · · · · · · · · ·
SHET	OTAL of Donations This Page ((ontinnal)		2466221
	one of bonesions this rage (2499031
TOTAL	. This Period (last page this line	e number only)		200021
IOIAL	(carry total from last page to	• •		~ 7,770.0t

SCHEDULE 9-B				
Disbursement(s)	Made (or O	bligatio	n(s)

PAGE	4	OF	4
	,		1

A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
COOK INCET SPORTFISHING CAUCUS	10 31 2010
I Mailing Address of Pavee	
(ob 22 Lakeway Pr.	Amount
City State Zip Code	2499031
City Color ANCHARAGE AK 99502	Communication Date
Name of Employer Occupation	
	10 31 2010
Purpose of Disbursement (Including title(s) of communication(s))	
PRINT AD	
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary General
LISA MURKOWSKI President District:	to a designation of the second
	Other (specify) Disbursement/Obligation For:
Name of Federal Candidate Office Sought: House State:	Primary General
Senate District:	Other (specify)
Name of Federal Candidate Office Sought: House	Disbursement/Obligation For:
State:	Primary General
Senate District:	Other (specify)
President	
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
Mailing Address of Payee	Amount
City Tie Code	
City State Zip Code	
Name of Employer Occupation	Communication Date
Name of Employer Occupation	and the state of t
Purpose of Disbursement (Including title(s) of communication(s))	
Name of Federal Candidate Office Sought: House State	Disbursement/Obligation For:
State:	Primary General
District: ——— President	Other (specify) >
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:
Senate	Primary General
District:	Other (specify) >
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:
Senate District:	Primary General
President District.	Other (specify)
	0466121
SUBTOTAL of Disbursements/Obligations This Page (optional)	× 7, 470.51
TATAL Total Parish float and the first words	2499031
TOTAL This Period (last page this line number only)	7,1,0
(can't total north last page to time Toy	

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FEC FORM 9 (REV. 12/2007)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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Delivery Confirmation ™ Label Postmarked USPS Express Mail Postmark Illegible No Postmark Overnight Delivery Service (Specify): Date of Receipt Received from House Records & Registration Office Date of Receipt Date of Receipt	LISPS Priority Mail	Postmarked	
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Other (Specify):		eceipt or Postmarked	
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N/A N/A PREPARER DATE PREPARED (5/2004)	PREPARER		